



<b>Cover Sheet:</b>	<b>Request for Order</b>
<b>Effective Date:</b>	May 1, 2019
<b>Last Revision Date:</b>	January 1, 2025
<b>Purpose:</b>	The Request for Order is used to request a hearing on most issues in a family law case.
<b>Assistance:</b>	Parties who are acting as their own attorneys may receive help from the Self Help Center to complete these forms. You may contact the Self Help Center through the Court's website, by creating an e-Correspondence account, or visit the Self Help Center in person, Monday through Thursday, and Friday morning.
<b>Required Forms:</b>	All forms are Judicial Council forms, unless otherwise indicated: <ul style="list-style-type: none"><li>• Request for Order, FL-300</li><li>• Family Law Case Participant Enrollment Form (Party), local form FL/E-LP-665</li></ul>
<b>Optional Forms:</b>	<p>This form is needed only if you are requesting orders regarding payment of monies, including child support, spousal support or attorney's fees and costs:</p> <ul style="list-style-type: none"><li>• Income and Expense Declaration, FL-150</li></ul> <p>This form is needed only if you are requesting orders regarding child custody or visitation:</p> <ul style="list-style-type: none"><li>• Family Law Case Demographics Information Sheet, local form FL/E-ME-811</li></ul> <p>This form can be used if you need additional space for your declaration:</p> <ul style="list-style-type: none"><li>• Declaration, MC-031</li></ul>
<b>Filing Fee:</b>	There is a \$60 fee (\$85 if you are requesting orders regarding child custody or visitation) to file these documents. The current fee schedule may be found on the Court's website at: <a href="https://www.saccourt.ca.gov/fees/docs/fee-schedule.pdf">https://www.saccourt.ca.gov/fees/docs/fee-schedule.pdf</a> .
<b>Copies:</b>	Make three copies of the completed forms. The Court will file and keep the original and will endorse and return the copies to you.
<b>Filing:</b>	All forms must be typewritten or printed in blue or black ink. (See California Rules of Court, Rules 2.100-2.119)  Mail or place completed forms in the court drop-box located at the Family Court at 3341 Power Inn Road, Sacramento, CA 95826. Drop box hours are 8:00 am to 5:00 pm Monday through Friday, excluding



	<p>Court holidays. Forms may also be filed in person between the hours of 8:30 am and 4:00 pm. You must make an appointment online or obtain a ticket from Reception to file in person.</p>
<b>Next Steps:</b>	<p>The Request for Order and all attachments must be served on the other party at least sixteen court days before the scheduled hearing.</p> <p>If you will need an interpreter at the hearing, please call (916) 875-2620 at least 10 days before the hearing. You will be asked to provide your name, case number, and the language needed.</p>

PARTY WITHOUT ATTORNEY OR ATTORNEY NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: EMAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARENT/PARTY:	
<b>REQUEST FOR ORDER</b> <input type="checkbox"/> <b>CHANGE</b> <input type="checkbox"/> <b>TEMPORARY EMERGENCY ORDERS</b> <input type="checkbox"/> Child Custody <input type="checkbox"/> Visitation (Parenting Time) <input type="checkbox"/> Spousal or Partner Support <input type="checkbox"/> Child Support <input type="checkbox"/> Property Control <input type="checkbox"/> Attorney's Fees and Costs <input type="checkbox"/> Other (specify):	CASE NUMBER:

*Note: Read form for information about how to complete this form. To ask to change or end an order that was granted in a Restraining Order After Hearing (form DV-130 or JV-255), read form and form*

**NOTICE OF HEARING**

1. TO (name(s)): \_\_\_\_\_  
 Petitioner    Respondent    Other Parent/Party    Other (specify):

2. **A COURT HEARING WILL BE HELD AS FOLLOWS:**

a. Date:	Time:	<input type="checkbox"/> Dept.:	<input type="checkbox"/> Room.:
b. Address of court <input type="checkbox"/> same as noted above <input type="checkbox"/> other (specify):			

3. **WARNING to the person served with the Request for Order:** The court may make the requested orders without you if you do not file a *Responsive Declaration to Request for Order* (form FL-320), serve a copy on the other parties at least nine court days before the hearing (unless the court has ordered a shorter period of time), and appear at the hearing. (See form *FL-320-INFO* for more information.)

**COURT ORDER**  
(FOR COURT USE ONLY)

**It is ordered that:**

4.  Time    for service    until the hearing is shortened. Service must be on or before (date):
5.  A *Responsive Declaration to Request for Order* (form FL-320) must be served on or before (date):
6.  The parties must attend an appointment for child custody mediation or child custody recommending counseling as follows (specify date, time, and location):
7.  The orders in *Temporary Emergency (Ex Parte) Orders* (form FL-305) apply to this proceeding and must be personally served with all documents filed with this *Request for Order*.
8.  Other (specify):

Date: \_\_\_\_\_ JUDICIAL OFFICER \_\_\_\_\_

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**REQUEST FOR ORDER**

**Note:** Place a mark **X** in front of the box that applies to your case or to your request. If you need more space, mark the box for "Attachment." For example, mark "Attachment 2a" to indicate that the list of children's names and birth dates continues on a paper attached to this form. Then, on a sheet of paper, list each attachment number followed by your request. At the top of the paper, write your name, case number, and "FL-300" as a title. (You may use *Attached Declaration* ( ) for this purpose.)

1.  RESTRAINING ORDER INFORMATION

One or more domestic violence restraining/protective orders are now in effect between (specify):

Petitioner     Respondent     Other Parent/Party (Attach a copy of the orders if you have one.)

The orders are from the following court or courts (specify county and state):

- a.  Criminal: County/state (specify): Case No. (if known):
- b.  Family: County/state (specify): Case No. (if known):
- c.  Juvenile: County/state (specify): Case No. (if known):
- d.  Other: County/state (specify): Case No. (if known):

2.  CHILD CUSTODY

I request temporary emergency orders

VISITATION (PARENTING TIME)

a. I request that the court make orders about the following children (specify):

<u>Child's Name</u>	<u>Date of Birth</u>	<input type="checkbox"/> <u>Legal Custody to</u> (person who decides: health, education, etc):	<input type="checkbox"/> <u>Physical Custody to</u> (person with whom child lives):
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b.  The orders I request for  child custody  visitation (parenting time) are:

(1)  Specified in the attached forms:

<input type="checkbox"/> Form	<input type="checkbox"/> Form	<input type="checkbox"/> Form	<input type="checkbox"/> Form
<input type="checkbox"/> Form	<input type="checkbox"/> Form	<input type="checkbox"/> Other (specify):	

(2)  As follows (specify):

c. The orders that I request are in the best interest of the children because (specify):

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2. d.  This is a change from the current order for  child custody  visitation (parenting time).
- (1)  The order for legal or physical custody was filed on (date): \_\_\_\_\_ . The court ordered (specify): \_\_\_\_\_
- (2)  The visitation (parenting time) order was filed on (date): \_\_\_\_\_ . The court ordered (specify): \_\_\_\_\_

3.  CHILD SUPPORT   
 (Note: An earnings assignment may be issued. See *Income Withholding for Support* (form \_\_\_\_\_) )
- a. I request that the court order child support as follows:
- |                             |   |   |
|-----------------------------|---|---|
| <u>Child's name and age</u> | <input type="checkbox"/> I request support for each child | <u>Monthly amount (\$) requested</u>                        |
|                             |   | based on the child support guideline. (if not by guideline) |

- b.  I want to change a current court order for child support filed on (date): \_\_\_\_\_   
 The court ordered child support as follows (specify): \_\_\_\_\_
- c. I have completed and filed with this *Request for Order* a current *Income and Expense Declaration* (form \_\_\_\_\_) or I filed a current *Financial Statement (Simplified)* ( \_\_\_\_\_ ) because I meet the requirements to file form FL-155.
- d. The court should make or change the support orders because (specify): \_\_\_\_\_

4.  SPOUSAL OR DOMESTIC PARTNER SUPPORT  
 (Note: An *Earnings Assignment Order for Spousal or Partner Support* ( \_\_\_\_\_ ) may be issued.)
- a.  Amount requested (monthly): \$ \_\_\_\_\_
- b.  I want the court to  change  end the current support order filed on (date): \_\_\_\_\_  
 The court ordered \$ \_\_\_\_\_ per month for support.
- c.  This request is to modify (change) spousal or partner support after entry of a judgment.  
 I have completed and attached *Spousal or Partner Support Declaration Attachment* (form \_\_\_\_\_) or a declaration that addresses the same factors covered in form FL-157.
- d. I have completed and filed a current *Income and Expense Declaration* (form \_\_\_\_\_) in support of my request.
- e. The court should should make, change, or end the support orders because (specify): \_\_\_\_\_

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5.  **PROPERTY CONTROL**  I request temporary emergency orders  
 a. The  petitioner  respondent  other parent/party be given exclusive temporary use, possession, and control of the following property that we  own or are buying  lease or rent (*specify*):

b. The  petitioner  respondent  other parent/party be ordered to make the following payments on debts and liens coming due while the order is in effect:  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_  
 Pay to: \_\_\_\_\_ For: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Due date: \_\_\_\_\_

c.  This is a change from the current order for property control filed on (*date*):  
 d. Specify in \_\_\_\_\_ the reasons why the court should make or change the property control orders.

6.  **ATTORNEY'S FEES AND COSTS**  
 I request attorney's fees and costs, which total (*specify amount*): \$ \_\_\_\_\_. I filed the following to support my request:  
 a. A current *Income and Expense Declaration* (form \_\_\_\_\_).  
 b. A *Request for Attorney's Fees and Costs Attachment* (form \_\_\_\_\_) or a declaration that addresses the factors covered in that form.  
 c. A *Supporting Declaration for Attorney's Fees and Costs Attachment* (form \_\_\_\_\_) or a declaration that addresses the factors covered in that form.

7.  **OTHER ORDERS REQUESTED** (*specify*): \_\_\_\_\_

8.  **TIME FOR SERVICE / TIME UNTIL HEARING** I urgently need:  
 a.  To serve the *Request for Order* no less than (*number*): \_\_\_\_\_ court days before the hearing.  
 b.  The hearing date and service of the the *Request for Order* to be sooner.  
 c. I need the order because (*specify*): \_\_\_\_\_

9.  **FACTS TO SUPPORT** the orders I request are listed below. The facts that I write in support and attach to this request cannot be longer than 10 pages, unless the court gives me permission.

I declare under penalty of perjury under the laws of the State of California that the information provided in this form and all attachments is true and correct.

Date: \_\_\_\_\_  
 \_\_\_\_\_ (TYPE OR PRINT NAME) \_\_\_\_\_ (SIGNATURE OF APPLICANT)



**Requests for Accommodations**

Assistive listening systems, computer-assisted real-time captioning, or sign language interpreter services are available if you ask at least five days before the proceeding. Contact the clerk's office or go to [www.courts.ca.gov/forms](http://www.courts.ca.gov/forms) for *Request for Accommodations by Persons With Disabilities and Response* (form \_\_\_\_\_). (Civ. Code, § 54.8.)

# Important Notice about Access to Your Case

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Court orders, minute orders, and child custody mediation reports are available online using our Public Case Access System. Access to court orders and minute orders provides you with information on what the court ordered in your case. Access to child custody mediation reports is necessary so that you know what child custody, visitation, or other suggestions the mediator recommended to the court.

To get secure access to your case online, you must complete and submit to the court the attached Family Law Case Participant Enrollment Form - Party, along with a copy of your driver's license, to create or update an account on our Public Case Access System. A separate form must be filed for each case or when you change your email address.

Once you complete the form, you may submit it in person at the courthouse at the public service counter or use the Drop Box. You may also submit it by US Mail at 3341 Power Inn Road, Sacramento, CA 95826.

Submitting the form as soon as possible is important because it may take two to five days to be processed from the date of receipt.

Once your access is set up you will receive an email letting you know that you are subscribed to your case. If you do not receive an email notifying you that you are subscribed to your case during the timeframes identified above, please inform the court using our Contact Us page at:

<https://www.saccourt.ca.gov/contact.aspx>

**CONFIDENTIAL**

CASE PARTICIPANT NAME: STREET ADDRESS: CITY/STATE/ZIP CODE: TELEPHONE NO.: E-MAIL ADDRESS ( <i>must be legible</i> )	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 Power Inn Road CITY AND ZIP CODE: Sacramento, CA 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:  CLAIMANT:	
<b>FAMILY LAW CASE PARTICIPANT ENROLLMENT FORM (PARTY)</b>	CASE NUMBER:

You may access orders for law and motion hearings, and mediation reports prepared by Family Court Services using the court's online Public Case Access System. Access is available at no charge from the time the court creates your case subscription.

**INSTRUCTIONS**

To setup your account you must:

- File this form with the court with a copy of your **driver license or a state or federal issued photo identification card**.
- A separate form must be filed for each of your Family Law cases.
- Once the court has created your subscription to your case, you will receive a confirming email. You must follow the instructions in that email to complete the process.
- Once your subscription is completed, you will receive an email notification each time an order or report is added to your case.

I, \_\_\_\_\_, request that the court create an account and/or subscription to my Family Law case.

I declare that my private email address is (*must be legible*):

\_\_\_\_\_

(Please use Ø for zero, 1 for one and clearly differentiate i, L, S, 5, 3, and 8's)

I understand if I change my e-mail address I must file a new enrollment form with the court.

I acknowledge that confidential mediation reports contain private information that is not part of the public court file. I understand that without a court order, I must not disclose any contents of the Report to anyone (including any minor children) other than the parties to my case (Petitioner/Respondent/Claimant), their attorneys and court professionals. I acknowledge that the court may impose a penalty for any unauthorized disclosure of any content of the Family Court Services report.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)



PARTY WITHOUT ATTORNEY OR ATTORNEY STATE BAR NUMBER:  NAME: FIRM NAME: STREET ADDRESS: CITY: STATE: ZIP CODE: TELEPHONE NO.: FAX NO.: E-MAIL ADDRESS: ATTORNEY FOR (name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	
<b>INCOME AND EXPENSE DECLARATION</b>	CASE NUMBER:

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

Attach copies of your pay stubs for last two months (black out Social Security numbers).

- a. Employer:
- b. Employer's address:
- c. Employer's phone number:
- d. Occupation:
- e. Date job started:
- f. If unemployed, date job ended:
- g. I work about \_\_\_\_\_ hours per week.
- h. I get paid \$ \_\_\_\_\_ gross (before taxes)  per month  per week  per hour.

(If you have more than one job, attach an 8 1/2-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education**

- a. My age is (specify): \_\_\_\_\_
- b. I have completed high school or the equivalent:  Yes  No If no, highest grade completed (specify): \_\_\_\_\_
- c. Number of years of college completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- d. Number of years of graduate school completed (specify): \_\_\_\_\_ Degree(s) obtained (specify): \_\_\_\_\_
- e. I have:  professional/occupational license(s) (specify): \_\_\_\_\_  
 vocational training (specify): \_\_\_\_\_

3. **Tax information**

- a.  I last filed taxes for tax year (specify year): \_\_\_\_\_
- b. My tax filing status is  single  head of household  married, filing separately  
 married, filing jointly with (specify name): \_\_\_\_\_
- c. I file state tax returns in  California  other (specify state): \_\_\_\_\_
- d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

- 4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ \_\_\_\_\_  
 This estimate is based on (explain): \_\_\_\_\_

(If you need more space to answer any questions on this form, attach an 8 1/2-by-11-inch sheet of paper and write the question number before your answer.) Number of pages attached: \_\_\_\_\_

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Black out your Social Security number on the pay stub and tax return.)**

**5. Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes).....	\$ _____	\$ _____
b. Overtime (gross, before taxes).....	\$ _____	\$ _____
c. Commissions or bonuses.....	\$ _____	\$ _____
d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving .....	\$ _____	\$ _____
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage <input type="checkbox"/> federally taxable* .....	\$ _____	\$ _____
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership .....	\$ _____	\$ _____
g. Pension/retirement fund payments.....	\$ _____	\$ _____
h. Social Security retirement (not SSI).....	\$ _____	\$ _____
i. Disability: <input type="checkbox"/> Social Security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance .....	\$ _____	\$ _____
j. Unemployment compensation.....	\$ _____	\$ _____
k. Workers' compensation.....	\$ _____	\$ _____
l. Other (military allowances, royalty payments) (specify): .....	\$ _____	\$ _____

**6. Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest.....	\$ _____	
b. Rental property income.....	\$ _____	
c. Trust income.....	\$ _____	
d. Other (specify): .....	\$ _____	

**7. Income from self-employment, after business expenses for all businesses**..... \$ \_\_\_\_\_

I am the  owner/sole proprietor  business partner  other (specify): \_\_\_\_\_

Number of years in this business (specify): \_\_\_\_\_

Name of business (specify): \_\_\_\_\_

Type of business (specify): \_\_\_\_\_

**Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your Social Security number. If you have more than one business, provide the information above for each of your businesses.**

8.  **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount): \_\_\_\_\_

9.  **Change in income.** My financial situation has changed significantly over the last 12 months because (specify): \_\_\_\_\_

**10. Deductions**

	Last month
a. Required union dues.....	\$ _____
b. Required retirement payments (not Social Security, FICA, 401(k), or IRA).....	\$ _____
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount).....	\$ _____
d. Child support that I pay for children from other relationships.....	\$ _____
e. Spousal support that I pay by court order from a different marriage <input type="checkbox"/> federally tax deductible*.....	\$ _____
f. Partner support that I pay by court order from a different domestic partnership.....	\$ _____
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g").....	\$ _____

**11. Assets**

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts.....	\$ _____
b. Stocks, bonds, and other assets I could easily sell.....	\$ _____
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe).....	\$ _____

\* Check the box if the spousal support order or judgment was executed by the parties and the court before January 1, 2019, or if a court-ordered change maintains the spousal support payments as taxable income to the recipient and tax deductible to the payor.

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**12. The following people live with me:**

Name	Age	How the person is related to me (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**     Estimated expenses     Actual expenses     Proposed needs

- |   |   |
|---|---|
| a. Home: <ul style="list-style-type: none"> <li>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage..... \$ _____</li> <li style="padding-left: 40px;">If mortgage:</li> <li style="padding-left: 40px;">(a) average principal:    \$ _____</li> <li style="padding-left: 40px;">(b) average interest:    \$ _____</li> <li>(2) Real property taxes..... \$ _____</li> <li>(3) Homeowner's or renter's insurance (if not included above)..... \$ _____</li> <li>(4) Maintenance and repair..... \$ _____</li> </ul> b. Health-care costs not paid by insurance..... \$ _____ | h. Laundry and cleaning..... \$ _____   |
| c. Child care..... \$ _____   | i. Clothes..... \$ _____  |
| d. Groceries and household supplies..... \$ _____   | j. Education..... \$ _____  |
| e. Eating out..... \$ _____   | k. Entertainment, gifts, and vacation..... \$ _____   |
| f. Utilities (gas, electric, water, trash)..... \$ _____  | l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.)..... \$ _____            |
| g. Telephone, cell phone, and e-mail..... \$ _____  | m. Insurance (life, accident, etc.; do not include auto, home, or health insurance)..... \$ _____ |
|   | n. Savings and investments..... \$ _____  |
|   | o. Charitable contributions..... \$ _____   |
|   | p. Monthly payments listed in item 14 (itemize below in 14 and insert total here)... \$ _____     |
|   | q. Other (specify): \$ _____  |
|   | r. <b>TOTAL EXPENSES</b> (a-q) (do not add in the amounts in a(1)(a) and (b)) \$ _____            |
|   | s. <b>Amount of expenses paid by others</b> \$ _____  |

**14. Installment payments and debts not listed above**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees** (This information is required if either party is requesting attorney fees):

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$ \_\_\_\_\_
- b. The source of this money was (specify): \_\_\_\_\_
- c. I still owe the following fees and costs to my attorney (specify total owed): \$ \_\_\_\_\_
- d. My attorney's hourly rate is (specify): \_\_\_\_\_

I confirm this fee arrangement.

Date: \_\_\_\_\_

\_\_\_\_\_  
 (TYPE OR PRINT NAME OF ATTORNEY)



\_\_\_\_\_  
 (SIGNATURE OF ATTORNEY)

PETITIONER: RESPONDENT: OTHER PARTY/PARENT/CLAIMANT:	CASE NUMBER:
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**CHILD SUPPORT INFORMATION**  
**(NOTE: Fill out this page only if your case involves child support.)**

**16. Number of children**

- a. I have *(specify number)*: \_\_\_\_\_ children under the age of 18 with the other parent in this case.
- b. The children spend \_\_\_\_\_ percent of their time with me and \_\_\_\_\_ percent of their time with the other parent.  
*(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)*

**17. Children's health-care expenses**

- a.  I do  I do not have health insurance available to me for the children through my job.
- b. Name of insurance company: \_\_\_\_\_
- c. Address of insurance company: \_\_\_\_\_
  
- d. The monthly cost for the **children's** health insurance is or would be *(specify)*: \$ \_\_\_\_\_  
*(Do not include the amount your employer pays.)*

**18. Additional expense for the children in this case**

	Amount per month
a. Childcare so I can work or get job training.....	\$ _____
b. Children's health care not covered by insurance.....	\$ _____
c. Travel expenses for visitation.....	\$ _____
d. Children's educational or other special needs <i>(specify below)</i> :.....	\$ _____

**19. Special hardships.** I ask the court to consider the following special financial circumstances  
*(attach documentation of any item listed here, including court orders):*

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 18b.....	\$ _____	_____
b. Major losses not covered by insurance <i>(examples: fire, theft, other insured loss)</i> .....	\$ _____	_____
c. (1) Expenses for my minor children who are from other relationships and are living with me.....	\$ _____	_____
(2) Names and ages of those children <i>(specify)</i> : _____		
(3) Child support I receive for those children..... \$ _____		

The expenses listed in a, b, and c create an extreme financial hardship because *(explain)*: \_\_\_\_\_

**20. Other information I want the court to know concerning support in my case *(specify)*:**



**Family Law Case Demographics Information Sheet for Child Custody/Visitation**

**Court Case Number:** \_\_\_\_\_

**Family Court Services Number:** \_\_\_\_\_

<b>Petitioner's Information</b>			
_____	_____	_____	
First Name	Middle Initial	Last Name	
_____			
Mailing Address (Include Apt. or Suite #)			
_____			
City	State	Zip Code	
Date of Birth: _____			
Month      Day      Year			
Home Phone: (    )			
Work Phone: (    )			
Relationship to Child/ren: _____			

<b>Petitioner's Attorney Information</b>			
_____	_____	_____	
First Name	Middle Initial	Last Name	
_____			
Mailing Address (Include Suite #)			
_____			
City	State	Zip Code	
Work Phone: (    )			

<b>Respondent's Information</b>			
_____	_____	_____	
First Name	Middle Initial	Last Name	
_____			
Mailing Address (Include Apt. or Suite #)			
_____			
City	State	Zip Code	
Date of Birth: _____			
Month      Day      Year			
Home Phone: (    )			
Work Phone: (    )			
Relationship to Child/ren: _____			

<b>Respondent's Attorney Information</b>			
_____	_____	_____	
First Name	Middle Initial	Last Name	
_____			
Mailing Address (Include Suite #)			
_____			
City	State	Zip Code	
Work Phone: (    )			

Court Case Number: \_\_\_\_\_

Family Court Services Number: \_\_\_\_\_

<b>Claimant's (3<sup>rd</sup> Party's) Information</b>			
First Name	Middle Initial	Last Name	
Mailing Address (Include Apt. or Suite #)			
City	State	Zip Code	
Date of Birth: _____			
	Month	Day	Year
Home Phone: (    )			
Work Phone: (    )			
Relationship to Child/ren: _____			

<b>Claimant's Attorney Information</b>		
First Name	Middle Initial	Last Name
Mailing Address (Include Suite #)		
City	State	Zip Code
Work Phone: (    )		

<b>List all of the children you had or adopted with the other party in this case:</b>				
Full Name	Date of Birth	Age	School	Resides with

Does any party need an interpreter?  Yes  No

If Yes, for which party?  Petitioner  Respondent  Claimant / 3<sup>rd</sup> Party

If Yes, please indicate for what language? \_\_\_\_\_

I declare under penalty of perjury that the foregoing information is true and correct.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF DECLARANT

\_\_\_\_\_  
TYPE OR PRINT NAME

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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**DECLARATION**

*(This form must be attached to another form or court paper before it can be filed in court.)*

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF DECLARANT)

- Attorney for     Plaintiff     Petitioner     Defendant
- Respondent     Other (*Specify*):